



TOWN OF BARRINGTON, NH
Application For Appointment Request
Board – Commission – Committee

Name: Sally W. Varney

Phone: 603 664-2323

Address: 50 Fogarty Rd.

Email: sjwvarney@gmail.com

Barrington Resident Since: 1973

Registered Voter: ☒ Yes ☐ No

1. I am applying for: ☒ Appointment ☐ Reappointment

2. I am applying for one or more of the following in order of preference (1=1st choice, 2=2nd choice, etc.)

<input type="checkbox"/>	Advisory Budget Committee
<input type="checkbox"/>	Conservation Commission
<input type="checkbox"/>	Planning Board
<input type="checkbox"/>	Recreation Commission
<input type="checkbox"/>	Regional Planning Commission Rep
<input type="checkbox"/>	Technology Committee
<input type="checkbox"/>	Town Lands Committee
<input type="checkbox"/>	Transfer Station & Recycling Center
<input type="checkbox"/>	Zoning Board of Adjustment

<input type="checkbox"/>	Alternate or Mid-Year Vacancy Only:
<input type="checkbox"/>	Library Trustees

<input type="checkbox"/>	Mid-Year Vacancy Only:
<input type="checkbox"/>	Cemetery Trustees
<input type="checkbox"/>	Select Board
<input checked="" type="checkbox"/>	Trustees of Trust Funds

<input type="checkbox"/>	Other (please specify):
--------------------------	-------------------------

3. For my appointment, please consider the following:

a. Occupation: retired

b. Employer: _____

c. If appointed, do you feel there is any conflict of interest with your personal beliefs, occupation, or employer? ☐ Yes ☒ No

d. Education: B.A., U.N.H., 1970

e. Relevant Experience: was Administrator of Quality Assurance and Improvement for the Department of Health & Human Services; was Director of Quality Improvement for Community Partners, Dover

f. Volunteer Time Available: several hours week, most evenings (not T or F in winter)

g. Any previous appointments to any board for the Town of Barrington or the School District? (If yes, please describe): currently the treasurer of the Barrington Democratic Committee

h. Are you willing to serve as an alternate? ☒ Yes ☐ No

i. Are you willing to serve on a sub-committee? ☒ Yes ☐ No

4. I would like to improve the following: _____

5. I am seeking this appointment because: I have the skills and the time to assist the Trustees of the Trust Fund

6. I have attended a meeting of this board/committee/commission: ☐ Yes ☒ No

7. I have spoken with the chair/vice chair of this board/committee/commission: ☒ Yes ☐ No

Signature: Sally W. Varney

Date: 09/24/2023

Please return this application to: Town Offices, P.O. Box 660, Barrington, NH 03825 or appointments@barrington.nh.gov.

barringtonnh.gov.sharepoint.com/sites/ToB/SelectBoard/Appointments/ApplicationforAppointment_20210726.docx Rev. 20210728